

## The Unmet Health Care Needs of Homeless Adults

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### Study Overview

**Objective.** To determine the prevalence and predictors of past-year unmet need for 5 types of health care services in a national sample of homeless adults.

**Design.** Cross-sectional analysis using data collected by the 2003 Health Care for the Homeless (HCH) User Survey.

**Setting and participants.** Study participants were representative of over 700,000 homeless adults seeking health care in federally funded HCH programs. 30 HCH grantees were sampled using a probability-proportional-to-size technique; face-to-face interviews were conducted at 79 clinic sites that were operated by the 30 HCH grantees. Participants who were interviewed received care at the HCH clinic at least once in the year prior to the survey. 1444 participants were selected for the study, and of these, 1017 completed the interviews (70%). Analysis was restricted to 966 participants who were 18 years or older, representative of a weighted population of 436,000 adult HCH users nationally.

**Main outcome measures.** The main outcome measure was past-year unmet need for medical or surgical care, prescription medications, mental health care or counseling, eyeglasses, and dental care. Unmet need was assessed using the question, "During the past 12 months, was there a time when you wanted *medical care or surgery* but could not get it at that time?" The study used the Gelberg-Anderson behavioral model for vulnerable populations as a conceptual framework for their analysis, and viewed access to care as a function of predisposing, enabling, and need factors. Predisposing factors were those that increased the likelihood of seeking health care; enabling factors were those that enabled or impeded access to health care; and need factors were health conditions that required medical attention.

**Main results.** The weighted sample of HCH adults was 58.2% male, 39.2% non-Hispanic white, and 38.1% non-Hispanic black. Among other predisposing factors, 23.8% had a history of out-of-home placement as a minor and 55.3% had 2 or more episodes of homelessness lasting 30 days or more. Among enabling factors, 59.5% were uninsured and

25.4% were food insufficient. Among need factors, 45.9% had 2 or more medical comorbidities and 31.1% reported dental problems. Overall, 31.9% reported an unmet need for medical or surgical care, 36.2% for prescription medications, 20.8% for mental health or counseling, 40.9% for eye glasses, and 40.6% for dental care. Out-of-home placement, food insufficiency, and past year employment were associated with increased odds of unmet need for medical or surgical services and prescription medications. Past-year employment was significantly associated with lack of insurance coverage (adjusted odds ratio, 2.05 [95% confidence interval, 1.43–2.94]), and increasing duration of employment was associated with higher odds of being uninsured. Lack of insurance was associated with an unmet need for all types of care except for dental services. Vision impairment was associated with an unmet need for mental health, eyeglasses, and dental care. Subgroup analysis on adults with 1 or more medical comorbidities ( $n = 754$ ) identified the same predictors for unmet need for medical or surgical care and prescription medications as in the overall sample.

**Conclusion.** In this nationally representative sample of homeless adults engaged in health care, there was a significant overall unmet need for health care. Predictors of unmet need were lack of insurance, past-year employment, food insufficiency, out-of-home placement as a minor, and vision impairment. These findings point towards the importance of expanding health care insurance coverage for homeless adults and highlight the unique circumstances that homeless adults face in accessing health care.

### Commentary

Previous studies have shown that homeless adults face barriers to receiving health care and have rising unmet needs for medical care [1–4]. Lack of insurance, long waiting times in clinics, severe illness, and financial constraints are some of the factors that are associated with unmet need for health care in homeless adults [2–4].

This study adds to the current literature by evaluating unmet needs across multiple dimensions of health care in a nationally representative sample of homeless adults. The authors found that three-fourths of the participants had at least

1 past-year unmet need and over half had 2 or more past-year unmet needs for health care. Similar to findings from prior studies, access to health insurance was a major factor associated with unmet need for various types of health services.

The authors found that competing priorities of meeting basic needs presented a significant nonfinancial barrier to receiving health care [5]. In this study, past-year employment and food insufficiency were 2 competing priorities that were associated with unmet need for health care. Homeless adults who were employed in the past year were more likely to report a greater unmet need for medical or surgical services and prescription medications. Working homeless adults may prioritize work over their health care needs because employment is likely the only source of income in the setting of poverty. In addition, homeless adults with past-year employment were more likely to be uninsured, an important determinant of unmet need. The authors note that working homeless adults may fall in a gap where they do not qualify for public insurance yet are not offered employer-based coverage and cannot afford private insurance.

Homeless adults with food insufficiency were more likely to report an unmet need for medical or surgical care and prescription medications. Food insufficiency, a measure of inadequate access to nutritious food because of inability to afford food, is common among many households in the United States [6] and has been associated with cardiovascular risk factors and poor overall physical and mental health [7,8]. These findings suggest that in homeless adults, the need to find food may supersede other needs, such as the need to obtain health care [5,9].

Out-of-home placement as minors was associated with an unmet need for medical or surgical care and prescription medications. Foster youth face challenges in their transition to adulthood, and may experience other associated risks of incarceration, adverse childhood experiences, and difficulty transitioning into the community, all factors that affect future ability to access health care. Vision impairment was an additional predictor that the authors identified, which may serve as an overall marker of inability to navigate through the health care system to access some of the ancillary health services.

Although unmet need is frequently used as a measure of health care, the authors noted an inherent difficulty in measuring unmet need: those who have a greater perceived need are more likely to report unmet need. The authors addressed this by adjusting for all the need factors in the multivariable analysis, and conducted subgroup analysis among adults with one or more medical comorbidities who may have increased health care needs and found similar results.

This study has other limitations. Inferences of causality cannot be made given the cross-sectional analysis. The findings from this study cannot be generalized to homeless adults not engaged in care in HCH clinics, and may represent an overall underestimate of unmet needs for health care in homeless adults.

### **Applications for Clinical Practice**

In the setting of robust evidence that access to health insurance may decrease the burden of unmet need for health care, expanding health insurance coverage to the working poor is important to prevent delays in seeking health care. Beyond health insurance, strategies that improve access to health care in homeless adults by accounting for the competing needs of food and shelter are needed. Increasing awareness among health care providers about the difficulties that foster youth face in transitioning into the community, and providing additional life-skills training may help improve outcomes for this growing population. Developing a coordinated system of care that encompasses vision and dental services may further decrease barriers to care in this population.

—Review by Maya Vijayaraghavan, MD

### **References**

1. Berk ML, Schur CL, Cantor JC. Ability to obtain health care: recent estimates from the Robert Wood Johnson Foundation National Access to Care Survey. *Health Affairs (Millwood)* 1995; 14:139–46.
2. Lewis JH, Andersen RM, Gelberg L. Health care for homeless women. *J Gen Intern Med* 2003;18:921–8.
3. Kushel MB, Vittinghoff E, Haas JS. Factors associated with the health care utilization of homeless persons. *JAMA* 2001;285: 200–6.
4. Kertesz SG, Hwang SW, Irwin J, et al. Rising inability to obtain needed health care among homeless persons in Birmingham, Alabama (1995–2005). *J Gen Intern Med* 2009;24:841–7.
5. Gelberg L, Gallagher TC, Andersen RM, Koegel P. Competing priorities as a barrier to medical care among homeless adults in Los Angeles. *Am J Public Health* 1997;87:217–20.
6. Nord M, Andrews M, Carlson S. Household food security in the United States, 2008. U.S. Dept. of Agriculture, Economic Research Service. ERR-83; November 2009.
7. Seligman HK, Laraia BA, Kushel MB. Food insecurity is associated with chronic disease among low-income NHANES participants. *J Nutr* 2010;140:304–10.
8. Vozoris NT, Tarasuk VS. Household food insufficiency is associated with poorer health. *J Nutr* 2003;133:120–6.
9. Kushel MB, Gupta R, Gee L, Haas JS. Housing instability and food insecurity as barriers to health care among low-income Americans. *J Gen Intern Med* 2006;21:71–7.